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Objectives: To determine the prevalence and risk factors for stimulant misuse in a military population.
Methods: We conducted a prospective, anonymous IRB approved survey in the emergency department waiting room of a military, tertiary care hospital. We created a 12 question survey tool with fixed response (closed end) and multiple-choice questions. Stimulant misuse was defined as taking more than prescribed, obtaining stimulants from others and taking meds for a non-prescribed reason.
Results: Subjects that misused stimulants were more likely to have PTSD, have a deployment related injury or have any new injury. Comparing stimulant misusers to proper users, there were no differences in age, gender, active duty status, education, location of deployment, number of times deployed, TBI diagnosis or enlisted status.
Conclusion: Stimulant drug misuse occurs in the military community and those who misuse are more likely to have PTSD, a deployment related injury or a new physical injury than those who take stimulants as directed.

15. SUBJECT TERMS

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Prescription stimulant misuse in a military population – prevalence and risk factors for misuse

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Background: Stimulant drug misuse has increased over the past 10 yrs in civilians. Prescription drug misuse has increased in military veterans, but there are no reports on the incidence of stimulant misuse in the military or correlation with deployment injuries or illnesses.

Objectives: To determine the prevalence and risk factors for stimulant misuse in a military population.

Methods: We conducted a prospective, anonymous IRB approved survey in the ED waiting room of a military, tertiary care hospital over 6 weeks. We created a 12 question survey tool with fixed response (closed end) and multiple-choice questions that included validated questions from the 2010 DoD Survey of Health Related Behaviors. The survey was revised after a pilot sample. A standardized verbal script was used to greet subjects who then completed the survey. Stimulant misuse was defined as taking more than prescribed, obtaining stimulants from others, and taking it for a non-prescribed reason. We compared variables of misusers to those who properly used stimulants. We expected a margin of error < 6% and a response rate > 98% based on our sample size of 500 and our previous surveys. Continuous variables were assessed for normality by Shapiro-Wilks test, histograms and QQ plots. Differences were tested using Wilcoxon Rank Sum test. Categorical variables were tested by chi-square and fisher's exact tests.

Results: 498 surveys were collected, 99% completion rate. Mean age was 33 yrs (SD 10.6), 60% male, 65% active duty (AD), 16% had a TBI diagnosis, and 27% mental illness. 12% (61/498) of respondents misused or abused stimulants in the last 5 years and 3.4% used stimulants properly. In the misuser group, mean age was 32 years (SD 11), 67% were male, 69% active duty, 57% had deployed in last 5 years, 85% of AD were enlisted, 26% had TBI, and 38% had mental illness. Subjects that misused stimulants were more likely to have PTSD, have a deployment related injury, or have any new injury, as compared to subjects who used stimulants properly ($p < 0.05$). Comparing stimulant misusers to proper users, there was no difference in age, gender, active duty status, education, location of deployment, number of times deployed, TBI diagnosis, or enlisted status.

Conclusions: Stimulant drug misuse occurs in the military community and they more likely to have PTSD, a deployment related injury, or a new physical injury than those taking stimulants as directed.